

SAFETY PERMIT REQUEST			DATE RECEIVED <small>(Completed by Committee Chair)</small>		PERMIT NUMBER <small>(To be provided by Committee)</small>										
TITLE: _____															
(Limited to 70 characters including blank spaces)															
TO: _____ SAFETY COMMITTEE <small>(Provide area number or special committee name)</small>				FROM: _____ <small>(Safety Permit Requester, print name)</small>											
EMERGENCY CONTACTS <small>(Provide information below for an emergency contact and alternate knowledgeable of activity. The Safety Permit Requester can be an Emergency Contact)</small>				ORGANIZATION		WORK PHONE									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">NAME</td> <td style="width: 25%;">WORK PHONE</td> <td style="width: 25%;">HOME PHONE</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>				NAME	WORK PHONE	HOME PHONE							LOCATION OF ACTIVITY: <small>(Indicate facility name, number, cell)</small>		
NAME	WORK PHONE	HOME PHONE													
				EXPECTED DURATION (mm/yyyy)											
ACTIVITY SCHEDULE (Check all that apply)				START:		COMPLETE:									
<input type="checkbox"/> Workday <input type="checkbox"/> Night <input type="checkbox"/> Weekend				TEST RUN LENGTH (Hours, days):											
DESCRIBE ACTIVITY (If a precedence exists for this activity, provide details including related safety permit numbers(s)).															
<div style="text-align: center; font-size: 4em; color: red; opacity: 0.3; transform: rotate(-45deg); pointer-events: none;">Sample</div>															
Check all Supporting Documentation Attached: <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Technical Description <input type="checkbox"/> Schematics, Drawings <input type="checkbox"/> Parts List <input type="checkbox"/> Plot Barricade Plan <input type="checkbox"/> Hazards Analysis <input type="checkbox"/> Operating Procedures/Check Sheets <input type="checkbox"/> Lockout / Tagout Procedures <input type="checkbox"/> Material Safety Data Sheets </td> <td style="vertical-align: top;"> <input type="checkbox"/> NASA C-580 Qualified Operators List <input type="checkbox"/> NASA C-197 Users Radiological Training & Experience Record <input type="checkbox"/> Pressure System Test Certification <input type="checkbox"/> List of Alarms and Shutdowns <input type="checkbox"/> Emergency Response Plan/Shutdown Procedures <input type="checkbox"/> Laser Documentation <input type="checkbox"/> Radiation or Radioactive Material Information <input type="checkbox"/> Other (Specify) _____ </td> </tr> </table>							<input type="checkbox"/> Technical Description <input type="checkbox"/> Schematics, Drawings <input type="checkbox"/> Parts List <input type="checkbox"/> Plot Barricade Plan <input type="checkbox"/> Hazards Analysis <input type="checkbox"/> Operating Procedures/Check Sheets <input type="checkbox"/> Lockout / Tagout Procedures <input type="checkbox"/> Material Safety Data Sheets	<input type="checkbox"/> NASA C-580 Qualified Operators List <input type="checkbox"/> NASA C-197 Users Radiological Training & Experience Record <input type="checkbox"/> Pressure System Test Certification <input type="checkbox"/> List of Alarms and Shutdowns <input type="checkbox"/> Emergency Response Plan/Shutdown Procedures <input type="checkbox"/> Laser Documentation <input type="checkbox"/> Radiation or Radioactive Material Information <input type="checkbox"/> Other (Specify) _____							
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ENVIRONMENTAL DISCHARGE PRODUCTS <small>(Provide below the names(s) and estimated amounts of the discharge product(s), what it will be discharged to (e.g., air, sewer), plans for abatement /treatment, the method of detection used to measure the amount/type of discharge, and the frequency of discharge sampling. Indicate if none.)</small>															
SAFETY PERMIT REQUESTER (Sign and date)			SUPERVISOR OF REQUESTER (Print name, sign and date)			WORK PHONE									
NASA TECHNICAL SUPERVISOR <small>(Required if Safety Permit Requester is a contractor. Print name, sign and date)</small>			WORK PHONE		INSTRUCTIONS: Send this request and all supporting documentation to the Glenn Safety Office. Refer to the Glenn Safety Manual, Chapter 1, for additional information.										